

FILE

NEW JERSEY DEPARTMENT  
OF  
ENVIRONMENTAL PROTECTION

Report of Phone Call

10  
512-18Y  
1988 MAR 24 PM 2:32  
PERMITS AND COMPLIANCE  
BRANCH

Case Name: Colon. Dec

Incident Notification Number: NJ0064362379

Date: May 24, 1988

Referred to: \_\_\_\_\_

Time: 1340

Bureau or Office: BFO-S

File: \_\_\_\_\_

Person Contacted: ERIC NEMES

Phone Number: (609) 589-3800

Affiliation/Address: DIA OF RESEARCH

Subject of Call: SATELLITE ACCUMULATION REG. CLARIFICATION

Summary of Call: Called Mr NEMES TO BE SURE HE HAS  
A WORKING KNOWLEDGE OF HOW SATELLITE ACCUMULATION  
IS TO BE MAINTAINED. EXPLAINED HOW ONLY ONE  
DRUM IS ALLOWED (55 GAL) AND THAT ONCE IT IS FULL  
HE HAS 3 DAYS TO PROPERLY STORE THIS MATERIAL  
ON HIS DRUM PAD. HE STATED THAT HE UNDERSTANDS  
AND THIS IS NOW PART OF THE DRUM PAD INSPECTION  
PROGRAM

ACTION RECOMMENDED: \_\_\_\_\_

Investigator: J. Allen

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF HAZARDOUS WASTE MANAGEMENT  
5th Fl., 401 E. State St., Trenton, N.J. 08625

NOTICE OF VIOLATION

ID NO. NJDC64362319

DATE May 11, 1988

NAME OF FACILITY Color-DEC

LOCATION OF FACILITY 430 AMBAC DRIVE, PITMAN NJ

NAME OF OPERATOR ERIC NEAVES - DIRECTOR OF RESEARCH

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder and/or the Spill Compensation and Control Act, (N.J.S.A. 58:10-23.11 et seq.) and Regulations (N.J.A.C. 7:1E-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION N.J.A.C. 7:26-4.3(d), - SATURATE ACCUMULATION  
AREA CONTAINS QUANTITY OF HAZARDOUS WASTE EXCEEDING  
55 GALLONS. REFERS TO TWO (2) DRUMS BOTH NEAR CAPACITY  
LOCATED ADJACENT TO SOLVENT RECOVERY UNIT. VIOLATION NOTED  
DURING INSPECTION CONDUCTED MAY 2, 1988

Remedial action to correct these violations must be initiated immediately and be completed by

May 11, 1988. Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of \$25,000 per violation.

Jack R. O'Connell  
Investigator, Division of Waste Management  
Department of Environmental Protection



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

NJ0064362379

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

COLOR-DEC INC  
420 ANDBRO DR  
FITMAN, NJ 08071

III. LOCATION OF INSTALLATION

420 ANDBRO DR  
FITMAN, NJ 08071

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., &amp; day)

I. NAME OF INSTALLATION

COLOR - DEC INC

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

3420 ANDBRO DR

## CITY OR TOWN

4 PITMAN

## ST.

## ZIP CODE

NJ 08071

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

5420 ANDBRO DR

## CITY OR TOWN

6 PITMAN

## ST.

## ZIP CODE

NJ 08071

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

## PHONE NO. (area code &amp; no.)

2 FRANK A. LORITO PLANT ENGINEER

609-589-3800

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

8 W SCOTT ANDERSON JR

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



5	W	N	J	D	0	6	4	3	6	2	3	7	9	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F004 23 - 26	2 F005 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U112 23 - 26	32 U159 23 - 26	33 U220 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

FRANK A LORITO  
PLANT ENGINEER

DATE SIGNED

7/8/80

7/19